

215037244
60104

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 021	Agency Case No. B5-084727	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/12/2015		TIME OF ACCIDENT 2215	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2217	09/13/2015	
B	60	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. N 7th St./Q St.			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C	4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY N 7th St./Q St.				
V1/M	10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
F	1	VEHICLE NO. 1				
V1/N	5	DRIVER LICENSE NO.	H12406536	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V2/N	5	DRIVER	BRADLEY J OSBORN	PHONE	4025258160	LOCAL NO. 06-16-1981
G	4	DRIVER ADDRESS	2332 NW 41st St., LINCOLN, NE 68524	DATE OF BIRTH (MM / DD / YYYY)	06/16/1981	V1/1 18
H	5	OWNER	AMANDA S OSBORN / Bradlev J Osborn	PHONE	4025258160	LOCAL NO. 09-02-1980
V1/O	1	OWNER ADDRESS	5801 BRIDLE LN, LINCOLN, NE 68516	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	09-02-1980	V1/2 18
V2/O	2	LICENSE PLATE	HN 4461	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
I	1	VEHICLE	2009 GMC Acadia	BODY STYLE	Medium/large	COLOR white
V1/P	1	VEHICLE ID NO. (V1/N)	1GKER13D19J124192	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 900	
V2/P	1	INSURANCE COMPANY	State Farm	POLICY NO.	059 0000-A25-27D	V1/3 18
J	01	VEHICLE NO. 2				V1/4 25
V1/Q	4	DRIVER LICENSE NO.	H12925206	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V2/Q	4	DRIVER	JOSEPH J DEPTULA	PHONE	4029687738	LOCAL NO.
K	02	DRIVER ADDRESS	15941 Mary St., OMAHA, NE 68116	DATE OF BIRTH (MM / DD / YYYY)	07/29/1972	V2/1 18
L	01	OWNER	JOSEPH J DEPTULA	PHONE	4029687738	LOCAL NO. 07-29-1972
M	01	OWNER ADDRESS	15941 Mary St., Omaha, NE 68116	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	07-29-1972	V2/2 18
N	04	LICENSE PLATE	PA TJD750	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
O	04	VEHICLE	2013 Nissan Pathfinder	BODY STYLE	Medium/large	COLOR dark blue
P	02	VEHICLE ID NO. (V1/N)	5N1AR2MN9DC604626	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 1200	
Q	02	INSURANCE COMPANY	USAA General Indemnity Company	POLICY NO.	5N1AR2MN9DC604626	V2/3 18
R	02	TOWED TO		TOWED BY		V2/4 25
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

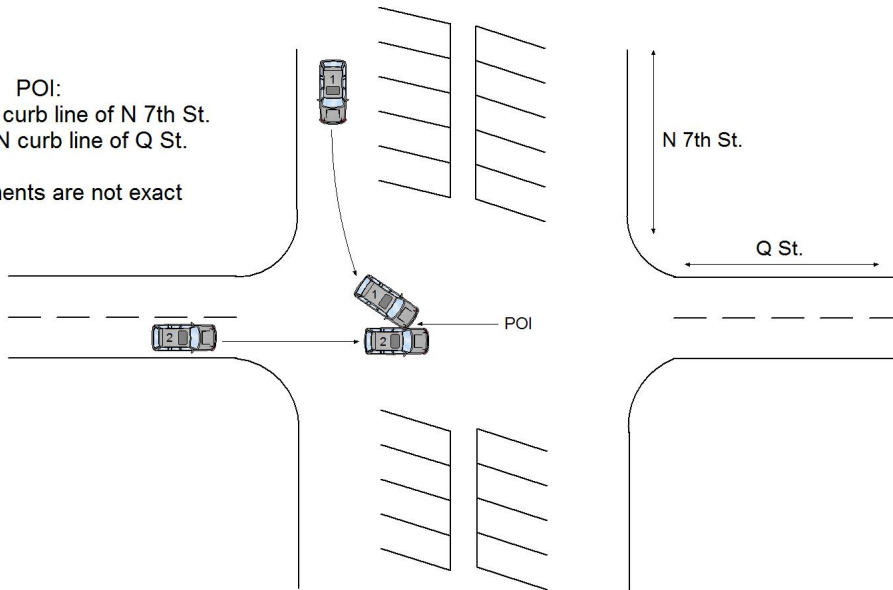
AGENCY CASE NO.
B5-084727



Indicate
North
by Arrow

POI:
27'6" E of W curb line of N 7th St.
34'5" S of N curb line of Q St.

Measurements are not exact



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 stated he was SB on N 7th St. attempting to turn left, EB, on Q St. at less than 10mph. He stated he was busy looking for pedestrians due to heavy game day traffic, and ran into V2. D2 stated he was EB on Q St. in the intersection of N 7th/Q St. at a creeping pace when V1 ran into the left side of V2. D1 was cited/released for negligent driving.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	3
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		Driver No. 1	Driver No. 2	Pedestrian	
1		X			N 7th St.	POINT OF IMPACT	02	POINT OF IMPACT	07	1	2	3	4	Y	Y	Y	
2			X		Q St.	MOST DAMAGED AREA	02	MOST DAMAGED AREA	07	4	2	3	4	N	X	N	
1	06	06 Turning left				02		07		1	2	3	4	BAC LEVEL			
2	01	08 Entering traffic lane				02		07		1	2	3	4	ALCOHOL/DRUGS SUSPECTED			
01 Essentially straight ahead					09 Leaving traffic lane	00 None		02	03	04	1 None used - vehicle occupant		Driver No. 1		Driver No. 2		
02 Backing					10 Parked	09 Top & windows		01	05	2 Lap & shoulder belt used		1		1			
03 Changing lanes					11 Slowing or stopped in traffic	10 Undercarriage		08	06	3 Shoulder belt only used		2		2			
04 Overtaking/Passing					12 Other	11 Total (all areas)				4 Lap belt only used		3		3			
05 Turning right					13 Unknown	12 Other				5 Child safety seat used		4		4			
										6 Child booster seat used		5		5			
										7 DOT approved helmet used		6		6			
										8 Costume helmet used		7		7			
										9 Restraint use unknown		8		8			
												9		9			

OFFICER NO. 1722	TROOP/TEAM/BEAT SW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Quenton Smith		INVESTIGATOR SIGNATURE Approved by Officer Quenton Smith	DATE OF REPORT 09/13/2015